

EXHIBIT E

Form **1065**Department of the Treasury
Internal Revenue ServiceFor calendar year 2022, or tax year beginning _____, ending _____
Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

2022

A Principal business activity RESTAURANT B Principal product or service SERVICE C Business code number <div style="background-color: black; width: 100px; height: 20px;"></div>	Type or Print	Name of partnership VALBELLA AT THE PARK LLC Number, street, and room or suite no. If a P.O. box, see instructions. 126 W 42ND STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 10036	D Employer identification number <div style="background-color: black; width: 100px; height: 20px;"></div> E Date business started F Total assets (see instr.) \$ 1,211,979.
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G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) _____
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 2
J Check if Schedules C and M-3 are attached ☐
K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	11,090,999.
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	11,090,999.
	2 Cost of goods sold (attach Form 1125-A)	2	3,033,140.
	3 Gross profit. Subtract line 2 from line 1c	3	8,057,859.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
Deductions (see instructions for limitations)	7 Other income (loss) (attach statement) SEE STATEMENT 1	7	39,150.
	8 Total income (loss). Combine lines 3 through 7	8	8,097,009.
	9 Salaries and wages (other than to partners) (less employment credits)	9	1,879,067.
	10 Guaranteed payments to partners	10	
	11 Repairs and maintenance	11	221,234.
	12 Bad debts	12	
	13 Rent	13	931,885.
	14 Taxes and licenses SEE STATEMENT 2	14	353,648.
	15 Interest (see instructions)	15	
	16a Depreciation (if required, attach Form 4562)	16a	2,528,395.
Tax and Payment	b Less depreciation reported on Form 1125-A and elsewhere on return	16b	
	16c Total depreciation. Add lines 16a and 16b	16c	2,528,395.
	17 Depletion (Do not deduct oil and gas depletion.)	17	
	18 Retirement plans, etc.	18	
	19 Employee benefit programs	19	39,915.
	20 Other deductions (attach statement) SEE STATEMENT 3	20	1,482,903.
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21	7,437,047.	
22 Ordinary business income (loss). Subtract line 21 from line 8	22	659,962.	
Tax and Payment	23 Interest due under the look-back method-completed long-term contracts (attach Form 8697)	23	
	24 Interest due under the look-back method-income forecast method (attach Form 8866)	24	
	25 BBA AAR imputed underpayment (see instructions)	25	
	26 Other taxes (see instructions)	26	
	27 Total balance due. Add lines 23 through 26	27	
	28 Payment (see instructions)	28	
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29	
	30 Overpayment. If line 28 is larger than line 27, enter overpayment	30	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____

Date _____

May the IRS discuss this return with the preparer shown below?
See instr. ☒ **Yes** ☐ **No****Paid Preparer Use Only**Print/Type preparer's name
BRUCE DAILEY

Preparer's signature _____

Date _____

Check ☐ if self-employed

PTIN

P00068365

Firm's name

WEINER LLC

Firm's EIN

Firm's address

167 FRANKLIN TURNPIKE**WALDWICK, NJ 07463**

Phone no.

201-746-9700